

Research Request

NOTE: Bureau of Workforce Information (BWI) is governed by specific program statutes, in addition to the statutory requirements of the Wisconsin Public (Open) Records Law (s.19.21-19.39) which place restrictions on the release of records containing personal information. In addition, other statutes or laws may apply to the disclosure of information from agency records.

Requestor Information		
Name	Organization	
Daytime Phone Number ()	Billing Address	
Contact Information		Program Information
Complete ONLY if different from Requester		<input type="checkbox"/> Wisconsin Works (W-2) <input type="checkbox"/> Workforce Investment Act (WIA) <input type="checkbox"/> Welfare to Work (WtW) <input type="checkbox"/> Food Stamp, Employment & Training (FSET) <input type="checkbox"/> Workforce Attachment & Advancement (WAA) <input type="checkbox"/> Children First <input type="checkbox"/> Child Support <input type="checkbox"/> Child Care <input type="checkbox"/> Labor Market Information (LMI) <input type="checkbox"/> Other _____
Name		
Daytime Phone Number ()		
Geographic Information		
<input type="checkbox"/> Statewide	<input type="checkbox"/> County _____	
<input type="checkbox"/> Milwaukee	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Metropolitan Statistical Area _____		
Content		
Purpose of Data (What questions or issues is the requested data intended to address?)		
Description of Request: e.g. The number of W-2 participants by race, number of employees & gross wages by industry.		
Time Frame	Data Transfer Method	Report Format
Indicate the time period the data should cover: e.g. FY03, Jan-Feb 2000	<input type="checkbox"/> Diskette <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail	<input type="checkbox"/> Excel <input type="checkbox"/> PDF <input type="checkbox"/> Access <input type="checkbox"/> Text File <input type="checkbox"/> Word <input type="checkbox"/> Other _____
Requestor Signatures and Approval		
Requestor Signature		Date Signed
Manager Name (Approving Authority)	Manager Signature	Date Signed
Bureau of Workforce Information Use Only		
Date Received	Able to Complete Request <input type="checkbox"/> Yes <input type="checkbox"/> No	Billing Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Completion Date	Estimated Staff Time (hh:mm)	RATS/CATS Number
BWI Manager Signature		Date Signed